

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

MARINO FOR CONGRESS

ADDRESS (number and street)

PO BOX 653



Check if different than previously reported. (ACC)

WILLIAMSPORT

PA

17703

2. FEC IDENTIFICATION NUMBER ▼

C C00475145

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

PA

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

/

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

/

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2015

/

through

M M / D D / Y Y Y Y

03 / 31 / 2015

/

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Howard Rothenberg

Signature of Treasurer Howard Rothenberg

[Electronically Filed]

Date

M M / D D / Y Y Y Y

08 / 26 / 2015

/

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MARINO FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	151462.54	160947.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	151462.54	160947.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	69307.34	153788.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	69307.34	153788.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	163332.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 72

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MARINO FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

119400.00

121150.00

(ii) Unitemized.....

4052.54

6787.54

(iii) TOTAL of contributions from individuals ▶

123452.54

127937.54

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

28010.00

33010.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

151462.54

160947.54

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

151462.54

160947.54

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	69307.34	153788.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	2098.00	2288.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	71405.34	156076.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	83275.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	151462.54
25. SUBTOTAL (add Line 23 and Line 24).....	234738.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	71405.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	163332.68

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Lawrence S. Allison		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2015	
Mailing Address 1706 Liberty Drive		Transaction ID : SA11AI.18666	
City Williamsport	State PA	Zip Code 17701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Allison INC	Occupation Contractor		
Receipt For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
B. Full Name (Last, First, Middle Initial) Paul Archibald		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2015	
Mailing Address 397 Walker Road		Transaction ID : SA11AI.18354	
City Wayne	State PA	Zip Code 19087	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer McCormick Taylor	Occupation Vice President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
C. Full Name (Last, First, Middle Initial) Matthew Berger Dr.		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2015	
Mailing Address 44 Reynolds Street		Transaction ID : SA11AI.18255	
City Kingston	State PA	Zip Code 18704	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self-Employed	Occupation Psychiatrist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
SUBTOTAL of Receipts This Page (optional).....		6100.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Matthew Berger Dr.			Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2015	
Mailing Address 44 Reynolds Street			Transaction ID : SA11Al.18648	
City Kingston	State PA	Zip Code 18704	Amount of Each Receipt this Period 2600.00 contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Psychiatrist		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		
B. Full Name (Last, First, Middle Initial) Susan C. Berger			Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2015	
Mailing Address 44 Reynolds Street			Transaction ID : SA11Al.18256	
City Kingston	State PA	Zip Code 18704	Amount of Each Receipt this Period 2600.00 contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer Offices of Matthew Berger		Occupation Assistant Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
C. Full Name (Last, First, Middle Initial) Susan C. Berger			Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2015	
Mailing Address 44 Reynolds Street			Transaction ID : SA11Al.18647	
City Kingston	State PA	Zip Code 18704	Amount of Each Receipt this Period 2600.00 contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer Offices of Matthew Berger		Occupation Assistant Manager		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00		
SUBTOTAL of Receipts This Page (optional).....			7800.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Martha E. Bingaman			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>28</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	02		28		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
02		28		2015										
Mailing Address PO Box 247			Transaction ID : SA11Al.18278											
City Kreamer	State PA	Zip Code 17833	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2500.00</td> </tr> </table> contribution		2500.00									
2500.00														
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2500.00</td> </tr> </table> contribution		2500.00									
2500.00														
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2500.00</td> </tr> </table> contribution		2500.00									
2500.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2500.00</td> </tr> </table>			2500.00									
2500.00														

B. Full Name (Last, First, Middle Initial) Thomas R Blank			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>21</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	01		21		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
01		21		2015										
Mailing Address 1600 North Oak Street			Transaction ID : SA11Al.18218											
City Arlington	State VA	Zip Code 22209	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table> contribution		500.00									
500.00														
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table> contribution		500.00									
500.00														
Name of Employer Gephardt Govt Affairs		Occupation Exe Vice President	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table> contribution		500.00									
500.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														

C. Full Name (Last, First, Middle Initial) John A Blaschak			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		20		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
03		20		2015										
Mailing Address 2816 Lincoln Drive			Transaction ID : SA11Al.18314											
City Montoursville	State PA	Zip Code 17754	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table> contribution		2700.00									
2700.00														
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table> contribution		2700.00									
2700.00														
Name of Employer Fisher Mining Company		Occupation Coal Operator	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table> contribution		2700.00									
2700.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2700.00</td> </tr> </table>			2700.00									
2700.00														

SUBTOTAL of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">5700.00</td> </tr> </table>		5700.00				
5700.00									
TOTAL This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>						

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

David Brojack

Mailing Address 350 Commerce Drive

City

Scott Township

State

PA

Zip Code

18447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brojack Lumber Co

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2015

Transaction ID : SA11AI.18283

Amount of Each Receipt this Period

1500.00

contribution

Full Name (Last, First, Middle Initial)

William W Brooks III

Mailing Address 2428 Kellyburg Road

City

Trout Run

State

PA

Zip Code

17771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Logs and Lumber

Occupation

Self-Employed

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

Transaction ID : SA11AI.18315

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

Gunther Carrle

Mailing Address 101 East Park Road

City

HAverford

State

PA

Zip Code

19083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Powell, Trachtman, Logan, Carrle

Occupation

Partnet

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.18352

Amount of Each Receipt this Period

2000.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Michael Cavage

Mailing Address 116 West 11th Street

City

Honesdale

State

PA

Zip Code

18431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer Construction Company

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : SA11AI.18329

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

B. Albert A. Clapps

Mailing Address 880 Grammer Road

City

Williamsport

State

PA

Zip Code

17701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate Developer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

Transaction ID : SA11AI.18306

Amount of Each Receipt this Period

2700.00

contribution

Full Name (Last, First, Middle Initial)

C. Albert A. Clapps

Mailing Address 880 Grammer Road

City

Williamsport

State

PA

Zip Code

17701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate Developer

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

Transaction ID : SA11AI.18653

Amount of Each Receipt this Period

2700.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jane E. Clapps

Mailing Address 880 Grammer Road

City

Williamsport

State

PA

Zip Code

17701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

Transaction ID : SA11AI.18307

Amount of Each Receipt this Period

2700.00

contribution

Full Name (Last, First, Middle Initial)

Jane E. Clapps

Mailing Address 880 Grammer Road

City

Williamsport

State

PA

Zip Code

17701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

Transaction ID : SA11AI.18651

Amount of Each Receipt this Period

2700.00

contribution

Full Name (Last, First, Middle Initial)

O. B. Crockett Jr.

Mailing Address 918 West Lockhart Street

City

Sayre

State

PA

Zip Code

18840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2015

Transaction ID : SA11AI.18342

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 72

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christopher Cylke

Mailing Address 3230 South 9th Street

City	State	Zip Code
Arlington	VA	22204

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Music Publishers AssoOccupation
Vice President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : SA11AI.18270

Amount of Each Receipt this Period

250.00

contribution

B. Full Name (Last, First, Middle Initial)
Nicholas DeBenedictis

Mailing Address 231 Golf View Road

City	State	Zip Code
Ardmore	PA	19003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aqua AmericaOccupation
President

Receipt For: 2015

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2015

Transaction ID : SA11AI.18235

Amount of Each Receipt this Period

1000.00

contribution

C. Full Name (Last, First, Middle Initial)
Brent M Fish

Mailing Address 1800 Campbell Street

City	State	Zip Code
Williamsport	PA	17701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fish Real Estate, Inc.Occupation
Realtor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

Transaction ID : SA11AI.18313

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Elizabeth Frazee			Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2015	
Mailing Address 6313 Evermay Drive			Transaction ID : SA11AI.18378	
City McLean	State VA	Zip Code 22101	Amount of Each Receipt this Period 500.00 contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer Twin Logic Strategies		Occupation Government Affairs		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Dr. Robert Frederickson			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2015	
Mailing Address 266 Lincoln Avenue			Transaction ID : SA11AI.18308	
City Williamsport	State PA	Zip Code 17701	Amount of Each Receipt this Period 250.00 contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Daniel Gandy			Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2015	
Mailing Address 1660 Sycamore Road Suite C			Transaction ID : SA11AI.18253	
City Montoursville	State PA	Zip Code 17754	Amount of Each Receipt this Period 2600.00 contribution	
FEC ID number of contributing federal political committee. C				
Name of Employer West Branch Nephrology		Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
SUBTOTAL of Receipts This Page (optional).....			3350.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Daniel GandyMailing Address 1660 Sycamore Road
Suite C

City	State	Zip Code
Montoursville	PA	17754

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Branch NephrologyOccupation
Physician

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Transaction ID : SA11AI.18646

Amount of Each Receipt this Period

2600.00

contribution

Full Name (Last, First, Middle Initial)

Martha Gandy

Mailing Address 1155 Vallamont Drive NW

City	State	Zip Code
Williamsport	PA	17701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Transaction ID : SA11AI.18254

Amount of Each Receipt this Period

2600.00

contribution

Full Name (Last, First, Middle Initial)

Martha Gandy

Mailing Address 1155 Vallamont Drive NW

City	State	Zip Code
Williamsport	PA	17701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Transaction ID : SA11AI.18654

Amount of Each Receipt this Period

2600.00

contribution

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

William A. Graham IV

A.

Mailing Address 828 Conshohocken State Road

City

Galdwyne

State

PA

Zip Code

19035

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Graham Company

Occupation

Insurance Broker

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 27 2015

Transaction ID : SA11AI.18350

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

Maria Paige Grossman

B.

Mailing Address 7546 Hampden Lane

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Contenental Group

Occupation

Consultant

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 04 2015

Transaction ID : SA11AI.18228

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

Davis C. Haire O.D.

C.

Mailing Address 424 Kenmar Drive
Kenmar Drive

City

Meshoppen

State

PA

Zip Code

18630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Optometrist

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
03 13 2015

Transaction ID : SA11AI.18292

Amount of Each Receipt this Period

2700.00

contribution

SUBTOTAL of Receipts This Page (optional).....

4200.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Frank M Henry		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y									
03		13		2015									
Mailing Address 239 Old River Road		Transaction ID : SA11AI.18293											
City Wilkes Barre	State PW	Zip Code 18702	Amount of Each Receipt this Period <table border="1"> <tr> <td>2700.00</td> </tr> </table> contribution	2700.00									
2700.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Frank Martz Coach Company	Occupation Chairman												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2700.00</td> </tr> </table>		2700.00										
2700.00													
B. Full Name (Last, First, Middle Initial) Frank M Henry		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y									
03		13		2015									
Mailing Address 239 Old River Road		Transaction ID : SA11AI.18642											
City Wilkes Barre	State PW	Zip Code 18702	Amount of Each Receipt this Period <table border="1"> <tr> <td>2700.00</td> </tr> </table> contribution	2700.00									
2700.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Frank Martz Coach Company	Occupation Chairman												
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>5400.00</td> </tr> </table>		5400.00										
5400.00													
C. Full Name (Last, First, Middle Initial) George Hutchinson		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		30		2015
M M	/	D D	/	Y Y Y Y									
03		30		2015									
Mailing Address 1750 Hinaman Heights		Transaction ID : SA11AI.18665											
City Williamsport	State PA	Zip Code 17701	Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Contribution	500.00									
500.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Hutchinson Development	Occupation President												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00										
500.00													
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>5900.00</td> </tr> </table>		5900.00									
5900.00													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Stephen Kaiser		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2015	
Mailing Address 1703 Pentridge Cove		Transaction ID : SA11AI.18338	
City Williamsport	State PA	Zip Code 17701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Fairfield Chrysler Dodge Jeep	Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) John P Kameen		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2015	
Mailing Address 636 Main Street		Transaction ID : SA11AI.18277	
City Forest City	State PA	Zip Code 18421	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Forest City News, Inc.	Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
C. Full Name (Last, First, Middle Initial) Brendan Kelsay		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2015	
Mailing Address 124 10th Street, NW		Transaction ID : SA11AI.18374	
City Washington	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Clear Channel	Occupation Government Affairs		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....		2500.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Frederick D. Kessler**A.**

Mailing Address 43 Market Street

City

Lewisburg

State

PA

Zip Code

17837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nottingham Village

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2015

Transaction ID : SA11AI.18339

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

Joseph P Lech**B.**

Mailing Address 13 Rockledge Lane

City

Tunnhannock

State

PA

Zip Code

18657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lech's Pharmacy

Occupation

Pharmacist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2015

Transaction ID : SA11AI.18282

Amount of Each Receipt this Period

2600.00

contribution

Full Name (Last, First, Middle Initial)

Lorraine Manos**C.**

Mailing Address 611 Carey Hill Road

City

Montoursville

State

PA

Zip Code

17754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2015

Transaction ID : SA11AI.18237

Amount of Each Receipt this Period

2600.00

contribution

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Lorraine Manos		Date of Receipt M M / D D / Y Y Y Y Y 02 / 10 / 2015	
Mailing Address 611 Carey Hill Road		Transaction ID : SA11AI.18656	
City Montoursville	State PA	Zip Code 17754	Amount of Each Receipt this Period contribution 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
B. Full Name (Last, First, Middle Initial) William P Manos		Date of Receipt M M / D D / Y Y Y Y Y 02 / 10 / 2015	
Mailing Address PO Box 308		Transaction ID : SA11AI.18236	
City Montoursville	State PA	Zip Code 17754	Amount of Each Receipt this Period contribution 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fairfield Auto Group	Occupation Owner		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
C. Full Name (Last, First, Middle Initial) William P Manos		Date of Receipt M M / D D / Y Y Y Y Y 02 / 10 / 2015	
Mailing Address PO Box 308		Transaction ID : SA11AI.18641	
City Montoursville	State PA	Zip Code 17754	Amount of Each Receipt this Period contribution 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fairfield Auto Group	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
SUBTOTAL of Receipts This Page (optional).....		7800.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Danielle Maurer		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>27</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		27		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		27		2015									
Mailing Address 5040 36th Street N		Transaction ID : SA11AI.18375											
City Arlington	State VA	Zip Code 22207											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer Fierce Government Relations	Occupation GOvernment Affairs												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												
B. Full Name (Last, First, Middle Initial) Dale L. Miller		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		20		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		20		2015									
Mailing Address 225 Highfields Lane		Transaction ID : SA11AI.18318											
City Lewisburg	State PA	Zip Code 17837											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2600.00</div>											
Name of Employer Playworld Systems	Occupation CEO												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2600.00</div>												
C. Full Name (Last, First, Middle Initial) Dale L. Miller		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		20		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		20		2015									
Mailing Address 225 Highfields Lane		Transaction ID : SA11AI.18650											
City Lewisburg	State PA	Zip Code 17837											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2600.00</div>											
Name of Employer Playworld Systems	Occupation CEO												
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>5200.00</div>												
SUBTOTAL of Receipts This Page (optional).....		<div>5700.00</div>											
TOTAL This Period (last page this line number only).....		<div></div>											

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Joan E. Miller

Mailing Address 255 Highfields Lane

City

Lewisburg

State

PA

Zip Code

17837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Playworld Systems

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

Transaction ID : SA11AI.18319

Amount of Each Receipt this Period

2600.00

contribution

Full Name (Last, First, Middle Initial)

Joan E. Miller

Mailing Address 255 Highfields Lane

City

Lewisburg

State

PA

Zip Code

17837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Playworld Systems

Occupation

Owner

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

Transaction ID : SA11AI.18649

Amount of Each Receipt this Period

2600.00

contribution

Full Name (Last, First, Middle Initial)

Neil Model

Mailing Address 6 Dunham Lane

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBIZ Model Consulting

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.18346

Amount of Each Receipt this Period

2700.00

contribution

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Neil Model

Mailing Address 6 Dunham Lane

City Newtown	State PA	Zip Code 18940
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CBIZ Model Consulting	Occupation President
---	-------------------------

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.18663

Amount of Each Receipt this Period

300.00

contribution

B. Full Name (Last, First, Middle Initial)
Mary Mussare

Mailing Address 493 Winthrop Street

City S. Williamsport	State PA	Zip Code 17702
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Rainbow Carpet	Occupation Owner
------------------------------------	---------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2015

Transaction ID : SA11AI.18324

Amount of Each Receipt this Period

250.00

contribution

C. Full Name (Last, First, Middle Initial)
Barry D Rhodes

Mailing Address 6793 Father John Court

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Cassidy & Associates	Occupation Chairman
--	------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

Transaction ID : SA11AI.18225

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Romano Romani

A.

Mailing Address 11124 Arroyo Drive

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parry Romani Deconcini & Symms

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2015

Transaction ID : SA11AI.18217

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

Carol A Savoy

B.

Mailing Address PO Box 248

City

Montoursville

State

PA

Zip Code

17754

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Savoy & Son Inc.

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2015

Transaction ID : SA11AI.18276

Amount of Each Receipt this Period

2700.00

contribution

Full Name (Last, First, Middle Initial)

Carol A Savoy

C.

Mailing Address PO Box 248

City

Montoursville

State

PA

Zip Code

17754

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Savoy & Son Inc.

Occupation

Owner

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2015

Transaction ID : SA11AI.18643

Amount of Each Receipt this Period

2700.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Nelson Shaffer

Mailing Address 1715 Hillcrest Lane

City

Aston

State

PA

Zip Code

19014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennoi Associates

Occupation

Executive Vice President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.18348

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

Rosemarie H. Sharp

Mailing Address 918 W. Lockhart Street

City

Sayre

State

PA

Zip Code

18840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2015

Transaction ID : SA11AI.18343

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

Andrew Shore

Mailing Address 5904 North 22nd Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jochum Shore & Trossevin PC

Occupation

Law, Advocacy, Policy

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : SA11AI.18263

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Carol Sides		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		29		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		29		2015									
Mailing Address 400 Upland Road		Transaction ID : SA11Al.18377											
City Williamsport	State PA	Zip Code 17701	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> contribution					250.00					
				250.00									
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer RM Sides	Occupation Owner												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>						250.00						
				250.00									
B. Full Name (Last, First, Middle Initial) Andrew J Sordoni III		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>20</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	02		20		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
02		20		2015									
Mailing Address 45 Owen Street		Transaction ID : SA11Al.18252											
City Forty Fort	State PA	Zip Code 18704	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table> contribution					1000.00					
				1000.00									
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Sordoni Construction Services	Occupation Chairman												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>						1000.00						
				1000.00									
C. Full Name (Last, First, Middle Initial) Vicki S. Stea		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>21</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	03		21		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
03		21		2015									
Mailing Address 192 Lamont Drive		Transaction ID : SA11Al.18321											
City Cogan Station	State PA	Zip Code 17728	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table> contribution					250.00					
				250.00									
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Susquehanna Health System	Occupation Dietitian												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>						250.00						
				250.00									
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>1500.00</td> </tr> </table>						1500.00					
				1500.00									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Col Robert J. Suhosky

Mailing Address 630 Park Street

City Honesdale	State PA	Zip Code 18431
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Northeast Infrastructure LLC	Occupation President
--	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 19 / 2015

Transaction ID : SA11AI.18251

Amount of Each Receipt this Period

2600.00

contribution

B. Full Name (Last, First, Middle Initial)
Col Robert J. Suhosky

Mailing Address 630 Park Street

City Honesdale	State PA	Zip Code 18431
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Northeast Infrastructure LLC	Occupation President
--	-------------------------

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 19 / 2015

Transaction ID : SA11AI.18652

Amount of Each Receipt this Period

2600.00

contribution

C. Full Name (Last, First, Middle Initial)
Robert Trotenberg

Mailing Address 3 Bala Plaza

City Bala Cynwood	State PA	Zip Code 19004
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Arbor Group	Occupation Insurance Broker
---------------------------------	--------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.18379

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Warren Tryon

A.

Mailing Address 216 9th Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

RR & G Public Advocates

Occupation

Senior Policy Advisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : SA11AI.18266

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

Catherine Wendolowski

B.

Mailing Address 2116 Laurel Hill Road

City

Clarks Summit

State

PA

Zip Code

18411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

Transaction ID : SA11AI.18296

Amount of Each Receipt this Period

2700.00

contribution

Full Name (Last, First, Middle Initial)

Catherine Wendolowski

C.

Mailing Address 2116 Laurel Hill Road

City

Clarks Summit

State

PA

Zip Code

18411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

Transaction ID : SA11AI.18655

Amount of Each Receipt this Period

2700.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Paul A. Wendolowski		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>19</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		19		2015
M M	/	D D	/	Y Y Y Y									
03		19		2015									
Mailing Address 2116 Laurel Hill Road		Transaction ID : SA11AI.18295											
City Clarks Summit	State PA	Zip Code 17754											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2700.00</div>											
Name of Employer Retired	Occupation Retired	contribution											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2700.00</div>												

B. Full Name (Last, First, Middle Initial) Paul A. Wendolowski		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>19</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		19		2015
M M	/	D D	/	Y Y Y Y									
03		19		2015									
Mailing Address 2116 Laurel Hill Road		Transaction ID : SA11AI.18644											
City Clarks Summit	State PA	Zip Code 17754											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2700.00</div>											
Name of Employer Retired	Occupation Retired	contribution											
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>5400.00</div>												

C. Full Name (Last, First, Middle Initial) James T Wolyniec Jr		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		25		2015
M M	/	D D	/	Y Y Y Y									
03		25		2015									
Mailing Address 165 Caitlin Drive		Transaction ID : SA11AI.18331											
City Cogan Station	State PA	Zip Code 17728											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2700.00</div>											
Name of Employer Wolyniec Construction	Occupation Owner	contribution											
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2700.00</div>												

SUBTOTAL of Receipts This Page (optional).....		<div>8100.00</div>
TOTAL This Period (last page this line number only).....		<div>119400.00</div>

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)
 ACTION COMMITTEE. FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

A. Mailing Address 4301 Wilson Boulevard

City	State	Zip Code
Arlington	VA	22203

FEC ID number of contributing
federal political committee.

C C00002972

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 03 / 04 / 2015

Transaction ID : SA11C.18289

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

B. Mailing Address 80 F STREET, NW

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing
federal political committee.

C C00009936

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 06 / 2015

Transaction ID : SA11C.18242

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)
AMERICAN SCIENCE AND ENGINEERING INC PAC

C. Mailing Address 829 MIDDLESEX TURNPIKE

City	State	Zip Code
BILLERICA	MA	01821

FEC ID number of contributing
federal political committee.

C C00343020

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 01 / 15 / 2015

Transaction ID : SA11C.18221

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)
 AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)

A. Mailing Address 1300 MORRIS DRIVE
 SUITE 100

City State Zip Code
 CHESTERBROOK PA 19355

FEC ID number of contributing
federal political committee.

C C00400929

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 31 2015

Transaction ID : SA11C.18240

Amount of Each Receipt this Period

2500.00

contribution

Full Name (Last, First, Middle Initial)

B. **AQUA AMERICA, INC. H2O POLITICAL ACTION COMMITTEE**

Mailing Address 762 West Lancaster Avenue

City State Zip Code
 Bryn Mawr PA 19010

FEC ID number of contributing
federal political committee.

C C00340455

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 19 2015

Transaction ID : SA11C.18249

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

C. **AQUA AMERICA, INC. H2O POLITICAL ACTION COMMITTEE**

Mailing Address 762 West Lancaster Avenue

City State Zip Code
 Bryn Mawr PA 19010

FEC ID number of contributing
federal political committee.

C C00340455

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 27 2015

Transaction ID : SA11C.18362

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 72

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS**A.** Full Name (Last, First, Middle Initial)
CISCO SYSTEMS, INC. FEDERAL PAC, AKA CISCO SYSTEMS EPAC

Mailing Address 400 CAPITOL MALL, STE 1545

City	State	Zip Code
SACRAMENTO	CA	95814

FEC ID number of contributing
federal political committee.**C** C00362707

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Transaction ID : SA11C.18364

Amount of Each Receipt this Period

1000.00

contribution

B. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing
federal political committee.**C** C00248716

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : SA11C.18361

Amount of Each Receipt this Period

1000.00

contribution

C. Full Name (Last, First, Middle Initial)
DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')

Mailing Address 601 HAWAII STREET

City	State	Zip Code
EL SEGUNDO	CA	90245

FEC ID number of contributing
federal political committee.**C** C00340943

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Transaction ID : SA11C.18365

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 72

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEMOCRACY RULES INC PAC

Mailing Address 3014 EIGHTEENTH STREET

City	State	Zip Code
SAN FRANCISCO	CA	94110

FEC ID number of contributing
federal political committee.

C C00395053

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2015

Transaction ID : SA11C.18280

Amount of Each Receipt this Period

10.00
contribution

B. Full Name (Last, First, Middle Initial)
DOMINION POLITICAL ACTION COMMITTEE

Mailing Address ONE JAMES RIVER PLAZA, 20TH FLOOR
P.O. BOX 26666

City	State	Zip Code
RICHMOND	VA	23261

FEC ID number of contributing
federal political committee.

C C00108209

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

Transaction ID : SA11C.18239

Amount of Each Receipt this Period

1000.00
contribution

C. Full Name (Last, First, Middle Initial)
DRINKER BIDDLE POLITICAL ACTION COMMITTEE

Mailing Address 1500 K STREET NW
SUITE 1100

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing
federal political committee.

C C00370759

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2015

Transaction ID : SA11C.18224

Amount of Each Receipt this Period

1000.00
contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2010.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMERCE

Mailing Address 228 S. Washington St.
 Ste. 115

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C C00342394

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 11 / 2015

Transaction ID : SA11C.18246

Amount of Each Receipt this Period

1500.00

contribution

B. Full Name (Last, First, Middle Initial)
ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 600 CORPORATE PARK DRIVE

City	State	Zip Code
ST. LOUIS	MO	63105

FEC ID number of contributing
federal political committee.

C C00219642

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 01 / 21 / 2015

Transaction ID : SA11C.18222

Amount of Each Receipt this Period

2000.00

contribution

C. Full Name (Last, First, Middle Initial)
FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD

City	State	Zip Code
MEMPHIS	TN	38120

FEC ID number of contributing
federal political committee.

C C00068692

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 02 / 05 / 2015

Transaction ID : SA11C.18238

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City	State	Zip Code
FALLS CHURCH	VA	22042

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2015

Transaction ID : SA11C.18247

Amount of Each Receipt this Period

1000.00
contribution

Full Name (Last, First, Middle Initial)

GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900W

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing
federal political committee.

C C00024869

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11C.18664

Amount of Each Receipt this Period

1000.00
Contribution

Full Name (Last, First, Middle Initial)

HUMANE SOCIETY LEGISLATIVE FUND

Mailing Address 519 C STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

FEC ID number of contributing
federal political committee.

C C90009358

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2015

Transaction ID : SA11C.18223

Amount of Each Receipt this Period

1000.00
contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HUMANE SOCIETY LEGISLATIVE FUND

Mailing Address 519 C STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

FEC ID number of contributing
federal political committee.

C C90009358

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2015

Transaction ID : SA11C.18366

Amount of Each Receipt this Period

1000.00

contribution

B. Full Name (Last, First, Middle Initial)
INTEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET N.W. #1025

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing
federal political committee.

C C00125641

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Transaction ID : SA11C.18241

Amount of Each Receipt this Period

1000.00

contribution

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 1550 Crystal Drive
Suite 300

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2015

Transaction ID : SA11C.18248

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 72

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.18668

Amount of Each Receipt this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City COLUMBIA	State SC	Zip Code 29201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2015

Transaction ID : SA11C.18279

Amount of Each Receipt this Period

1000.00

contribution

C. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE
 ROOM 1109

City NEW YORK	State NY	Zip Code 10010
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11C.18363

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

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SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 72

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WEXLER & WALKER PAC (A UNIT OF HILL & KNOWLTON STRATEGIES LLC)

Mailing Address 1317 F STREET NW
 SUITE 800

City State Zip Code
 WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00248195

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 04 2015

Transaction ID : SA11C.18287

Amount of Each Receipt this Period

1000.00

contribution

B. Full Name (Last, First, Middle Initial)
YAHOO! INC. POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE., NW
 SUITE 800 WEST

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00380535

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 18 2015

Transaction ID : SA11C.18326

Amount of Each Receipt this Period

1000.00

contribution

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

28010.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ryan Barton

Mailing Address 4934 Parkvue Drive

Date of Disbursement

M M	D D	Y Y Y Y
02	07	2015

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
Campaign Management fee and expenses-see memos

Amount of Each Disbursement this Period

4706.88

Transaction ID : SB17.18420

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Ryan Barton

Mailing Address 4934 Parkvue Drive

Date of Disbursement

M M	D D	Y Y Y Y
02	07	2015

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
campaign management fee

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.18420.0

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Ryan Barton

Mailing Address 4934 Parkvue Drive

Date of Disbursement

M M	D D	Y Y Y Y
02	07	2015

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
reimbursed mileage

Amount of Each Disbursement this Period

2047.88

Transaction ID : SB17.18420.1

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4706.88

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ryan Barton

Mailing Address 4934 Parkvue Drive

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
cellular phone expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.18420.2

[MEMO ITEM]**B. Ryan Barton**

Mailing Address 4934 Parkvue Drive

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
parking reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2015

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.18420.3

[MEMO ITEM]**c. Ryan Barton**

Mailing Address 4934 Parkvue Drive

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
Campaign management expenses-see memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

8755.21

Transaction ID : SB17.18520

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8755.21

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ryan Barton

Mailing Address 4934 Parkvue Drive

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
Campaign management consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.18520.0

[MEMO ITEM]**B. Ryan Barton**

Mailing Address 4934 Parkvue Drive

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
Campaign management consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.18520.1

[MEMO ITEM]**C. Ryan Barton**

Mailing Address 4934 Parkvue Drive

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
mileage reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

3184.16

Transaction ID : SB17.18520.2

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ryan Barton

Mailing Address 4934 Parkvue Drive

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
Cellular phone reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.18520.3

[MEMO ITEM]**B. Ryan Barton**

Mailing Address 4934 Parkvue Drive

City	State	Zip Code
Pittsburgh	PA	15236

Purpose of Disbursement
Cellular phone reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.18520.4

[MEMO ITEM]**C. CMDI**

Mailing Address 1593 Spring Hill Road

City	State	Zip Code
Tysons Corner	VA	22182

Purpose of Disbursement
Database management fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2015

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.18387

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 Spring Hill Road

Date of Disbursement

M M	D D	Y Y Y Y
02	12	2015

City	State	Zip Code
Tysons Corner	VA	22182

Amount of Each Disbursement this Period

570.45

Purpose of Disbursement
Database service feeCategory/
Type**Transaction ID : SB17.18430**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 Spring Hill Road

Date of Disbursement

M M	D D	Y Y Y Y
02	24	2015

City	State	Zip Code
Tysons Corner	VA	22182

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Database management feeCategory/
Type**Transaction ID : SB17.18432**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 Spring Hill Road

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2015

City	State	Zip Code
Tysons Corner	VA	22182

Amount of Each Disbursement this Period

545.55

Purpose of Disbursement
Database management feeCategory/
Type**Transaction ID : SB17.18438**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1916.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 Spring Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2015

City	State	Zip Code
Tysons Corner	VA	22182

Amount of Each Disbursement this Period

52.25

Purpose of Disbursement
Database service feeCategory/
Type**Transaction ID : SB17.18519**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 Spring Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2015

City	State	Zip Code
Tysons Corner	VA	22182

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Database management feeCategory/
Type**Transaction ID : SB17.18545**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. District City Consulting

Mailing Address 1217 Delafield Place NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

City	State	Zip Code
Washington	DE	20011

Amount of Each Disbursement this Period

2579.43

Purpose of Disbursement
Fundraising expenses-see memosCategory/
Type**Transaction ID : SB17.18566**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3431.68

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. District City Consulting

Mailing Address 1217 Delafield Place NW

City	State	Zip Code
Washington	DE	20011

Purpose of Disbursement
fundraising consultin

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.18566.0

[MEMO ITEM]**B. District City Consulting**

Mailing Address 1217 Delafield Place NW

City	State	Zip Code
Washington	DE	20011

Purpose of Disbursement
fundraising expense-food and beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

79.43

Transaction ID : SB17.18566.1

[MEMO ITEM]**c. District City Consulting**

Mailing Address 1217 Delafield Place NW

City	State	Zip Code
Washington	DE	20011

Purpose of Disbursement
Fundraising expenses-see memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

5763.84

Transaction ID : SB17.18533

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5763.84

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. District City Consulting

Mailing Address 1217 Delafield Place NW

City	State	Zip Code
Washington	DE	20011

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 21 / 2015

Amount of Each Disbursement this Period

1500.01

Transaction ID : SB17.18533.0

[MEMO ITEM]**B. Capitol Hill Club**

Mailing Address 300 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising expenses-food and beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 21 / 2015

Amount of Each Disbursement this Period

65.87

Transaction ID : SB17.18533.1

[MEMO ITEM]**c. Capitol Hill Club**

Mailing Address 300 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising expenses-food and beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 21 / 2015

Amount of Each Disbursement this Period

8.06

Transaction ID : SB17.18533.2

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Acqua AI 2

Mailing Address 212 7th Street Southeast

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising expenses-food and beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 21 / 2015

Amount of Each Disbursement this Period

1006.85

Transaction ID : SB17.18533.3

[MEMO ITEM]**B. District City Consulting**

Mailing Address 1217 Delafield Place NW

City	State	Zip Code
Washington	DE	20011

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 21 / 2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.18533.4

[MEMO ITEM]**c. Trattoria Alberto**

Mailing Address 506 Eighth Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising expenses-food and beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 21 / 2015

Amount of Each Disbursement this Period

347.36

Transaction ID : SB17.18533.5

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Bull Feathers

Mailing Address 410 1st Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising expense-catering

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

1168.70

Transaction ID : SB17.18533.6

[MEMO ITEM]**B. Capitol Hill Club**

Mailing Address 300 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising expense-food and beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

72.48

Transaction ID : SB17.18533.7

[MEMO ITEM]**c. Capitol Hill Club**

Mailing Address 300 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising expense-food and beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

94.52

Transaction ID : SB17.18533.8

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Executive Press

Mailing Address 10412 Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2015

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

2097.74

Purpose of Disbursement
Letterhead and envelopes

Candidate Name

Category/
Type**Transaction ID : SB17.18512**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Executive Press

Mailing Address 10412 Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2015

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

2020.99

Purpose of Disbursement
Fundraising expense-printing and mailing

Candidate Name

Category/
Type**Transaction ID : SB17.18548**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Fine Line Designs

Mailing Address 232 Poplar Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2015

City	State	Zip Code
New Cumberland	PA	17070

Amount of Each Disbursement this Period

1137.50

Purpose of Disbursement
Administrative consulting

Candidate Name

Category/
Type**Transaction ID : SB17.18425**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5256.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Long Nyquist Consulting

Mailing Address 121 State Street

City	State	Zip Code
Harrisburg	PA	17101

Purpose of Disbursement
Campaign Management fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.18382

B. Long Nyquist Consulting

Mailing Address 121 State Street

City	State	Zip Code
Harrisburg	PA	17101

Purpose of Disbursement
Campaign management consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.18426

c. Long Nyquist Consulting

Mailing Address 121 State Street

City	State	Zip Code
Harrisburg	PA	17101

Purpose of Disbursement
Campaign management consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.18511

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Robert H. Nelson

Mailing Address 1829 Bay Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
reimbursed expenses-see memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

3954.46

Transaction ID : SB17.18571

B. Robert H. Nelson

Mailing Address 1829 Bay Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.18571.0

[MEMO ITEM]

c. Robert H. Nelson

Mailing Address 1829 Bay Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
reimbursed mileage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

224.40

Transaction ID : SB17.18571.1

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3954.46

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Robert H. Nelson

Mailing Address 1829 Bay Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
fundraising expense-printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

35.75

Transaction ID : SB17.18571.3

[MEMO ITEM]**B. Robert H. Nelson**

Mailing Address 1829 Bay Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
fundraising expense-shipping

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

64.00

Transaction ID : SB17.18571.5

[MEMO ITEM]**c. Tortilla Coast**

Mailing Address 400 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Meeting - Food and Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

58.07

Transaction ID : SB17.18571.6

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Robert H. Nelson

Mailing Address 1829 Bay Street, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2015

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising consulting

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.18429

B. Robert H. Nelson

Mailing Address 1829 Bay Street, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2015

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising expenses-see memos

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

3640.48

Transaction ID : SB17.18507

C. Robert H. Nelson

Mailing Address 1829 Bay Street, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2015

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Fundraising consulting

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.18507.0

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7140.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PC Handyman

Mailing Address 2620 East Hills Drive

City
WilliamsportState
PAZip Code
17701Purpose of Disbursement
Computer repair expense

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	5

Amount of Each Disbursement this Period

2	5	4	.	2	8
---	---	---	---	---	---

Transaction ID : SB17.18431

B. Sears Master Card

Mailing Address PO Box 183082

City
ColumbusState
OHZip Code
43218Purpose of Disbursement
see memos

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	5

Amount of Each Disbursement this Period

7	6	7	1	.	5	9
---	---	---	---	---	---	---

Transaction ID : SB17.18579

c. House of Representatives Gift Shop

Mailing Address B218 Longworth Bldg

City
WashingtonState
DCZip Code
20515Purpose of Disbursement
items for gift baskets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

Amount of Each Disbursement this Period

4	4	8	.	6	0
---	---	---	---	---	---

Transaction ID : SB17.18579.2

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7	9	2	5	.	8	7
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Hilton Hotels-New York

Mailing Address 1335 Ave of the Americas

City	State	Zip Code
New York	NY	10019

Purpose of Disbursement
travel-lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2015

Amount of Each Disbursement this Period

2423.87

Transaction ID : SB17.18579.3

[MEMO ITEM]**B. Facebook**

Mailing Address PO Box 10005

City	State	Zip Code
Palo Alto	CA	94303

Purpose of Disbursement
advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2015

Amount of Each Disbursement this Period

299.99

Transaction ID : SB17.18579.4

[MEMO ITEM]**C. Amtrak**

Mailing Address 50 Massachusetts Avenue NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Travel - Transportation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2015

Amount of Each Disbursement this Period

327.00

Transaction ID : SB17.18579.7

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GoogleMailing Address 75 Ninth Avenue
2 & 4 FLCity State Zip Code
New York City NY 10011Purpose of Disbursement
advertising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2015

Amount of Each Disbursement this Period

71.37

Transaction ID : SB17.18579.10

[MEMO ITEM]**B. Microsoft Store**

Mailing Address 1000 Ross Park Mall Drive

City State Zip Code
Pittsburgh PA 15237Purpose of Disbursement
computer software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2015

Amount of Each Disbursement this Period

233.19

Transaction ID : SB17.18579.12

[MEMO ITEM]**C. Twitter Advertising**

Mailing Address 795 Folsom St

City State Zip Code
San Francisco CA 94103Purpose of Disbursement
advertising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2015

Amount of Each Disbursement this Period

135.09

Transaction ID : SB17.18579.17

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Twitter Advertising

Mailing Address 795 Folsom St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

City	State	Zip Code
San Francisco	CA	94103

Amount of Each Disbursement this Period

2	5	2	.	8	2
---	---	---	---	---	---

Transaction ID : SB17.18579.32

[MEMO ITEM]Purpose of Disbursement
advertising

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Twitter Advertising

Mailing Address 795 Folsom St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

City	State	Zip Code
San Francisco	CA	94103

Amount of Each Disbursement this Period

2	6	4	.	1	4
---	---	---	---	---	---

Transaction ID : SB17.18579.37

[MEMO ITEM]Purpose of Disbursement
advertising

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address PO Box 10005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

City	State	Zip Code
Palo Alto	CA	94303

Amount of Each Disbursement this Period

6	6	6	.	0	1
---	---	---	---	---	---

Transaction ID : SB17.18579.39

[MEMO ITEM]Purpose of Disbursement
advertising

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sears Master Card

Mailing Address PO Box 183082

City	State	Zip Code
Columbus	OH	43218

Purpose of Disbursement
see memos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2015

Amount of Each Disbursement this Period

3545.72

Transaction ID : SB17.18388

B. Twitter Advertising

Mailing Address 795 Folsom St

City	State	Zip Code
San Francisco	CA	94103

Purpose of Disbursement
advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2015

Amount of Each Disbursement this Period

8.35

Transaction ID : SB17.18388.1

[MEMO ITEM]

C. Twitter Advertising

Mailing Address 795 Folsom St

City	State	Zip Code
San Francisco	CA	94103

Purpose of Disbursement
advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2015

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.18388.4

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3545.72

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Twitter Advertising

Mailing Address 795 Folsom St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2015

City	State	Zip Code
San Francisco	CA	94103

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement
advertisingCategory/
Type

Transaction ID : SB17.18388.6

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2015

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

757.20

Purpose of Disbursement
travel-airfareCategory/
Type

Transaction ID : SB17.18388.8

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. US Airways

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2015

City	State	Zip Code
Phoenix	AZ	85034

Amount of Each Disbursement this Period

757.20

Purpose of Disbursement
travel-airfareCategory/
Type

Transaction ID : SB17.18388.9

[MEMO ITEM]

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. House of Representatives Gift Shop

Mailing Address B218 Longworth Bldg

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement
Appreciation Gift

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2015

Amount of Each Disbursement this Period

104.40

Transaction ID : SB17.18388.10

[MEMO ITEM]**B. House of Representatives Gift Shop**

Mailing Address B218 Longworth Bldg

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement
Appreciation Gift

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2015

Amount of Each Disbursement this Period

42.52

Transaction ID : SB17.18388.11

[MEMO ITEM]**c. Bearnaise**

Mailing Address 315 Pennsylvania Avenue

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
meeting expense-food and beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2015

Amount of Each Disbursement this Period

211.98

Transaction ID : SB17.18388.12

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Twitter Advertising

Mailing Address 795 Folsom St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2015

City	State	Zip Code
San Francisco	CA	94103

Amount of Each Disbursement this Period

4175.38

Purpose of Disbursement
advertisingCategory/
Type

Transaction ID : SB17.18388.14

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address PO Box 10005

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2015

City	State	Zip Code
Palo Alto	CA	94303

Amount of Each Disbursement this Period

752.69

Purpose of Disbursement
advertisingCategory/
Type

Transaction ID : SB17.18388.18

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Sears Master Card

Mailing Address PO Box 183082

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2015

City	State	Zip Code
Columbus	OH	43218

Amount of Each Disbursement this Period

4175.38

Purpose of Disbursement
see memosCategory/
Type

Transaction ID : SB17.18441

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4175.38

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sunoco-Williamsport

Mailing Address 3725 Lycoming Creek Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2015

City	State	Zip Code
Williamsport	PA	17701

Amount of Each Disbursement this Period

31.00

Purpose of Disbursement
travel-fuel

Transaction ID : SB17.18441.1

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Hilton Hotels-Harrisburg

Mailing Address 1 North Second St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2015

City	State	Zip Code
Harrisburg	PA	17101

Amount of Each Disbursement this Period

253.09

Purpose of Disbursement
travel-lodging

Transaction ID : SB17.18441.2

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address PO Box 10005

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2015

City	State	Zip Code
Palo Alto	CA	94303

Amount of Each Disbursement this Period

78.28

Purpose of Disbursement
advertising

Transaction ID : SB17.18441.4

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sunoco-Williamsport

Mailing Address 3725 Lycoming Creek Rd

City	State	Zip Code
Williamsport	PA	17701

Purpose of Disbursement
travel-fuel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2015

Amount of Each Disbursement this Period

22.00

Transaction ID : SB17.18441.9

[MEMO ITEM]**B. Tortilla Coast**

Mailing Address 400 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
meeting expense-food and beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2015

Amount of Each Disbursement this Period

73.16

Transaction ID : SB17.18441.12

[MEMO ITEM]**c. Noella**

Mailing Address 1319 F Street NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Campaign meeting food and beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2015

Amount of Each Disbursement this Period

419.76

Transaction ID : SB17.18441.13

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Tortilla Coast

Mailing Address 400 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
meeting expense-food and beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2015

Amount of Each Disbursement this Period

53.97

Transaction ID : SB17.18441.17

[MEMO ITEM]**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034

Purpose of Disbursement
Travel-baggage fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2015

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.18441.21

[MEMO ITEM]**c. Sunoco-Williamsport**

Mailing Address 3725 Lycoming Creek Rd

City	State	Zip Code
Williamsport	PA	17701

Purpose of Disbursement
travel-fuel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2015

Amount of Each Disbursement this Period

30.01

Transaction ID : SB17.18441.24

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. The Shore Club

Mailing Address 1901 Collins Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2015

City	State	Zip Code
Miami	FL	33139

Amount of Each Disbursement this Period

1217.01

Purpose of Disbursement
travel-lodging

Transaction ID : SB17.18441.30

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address PO Box 10005

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2015

City	State	Zip Code
Palo Alto	CA	94303

Amount of Each Disbursement this Period

551.87

Purpose of Disbursement
advertising

Transaction ID : SB17.18441.40

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Sears Master Card

Mailing Address PO Box 183082

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2015

City	State	Zip Code
Columbus	OH	43218

Amount of Each Disbursement this Period

262.82

Purpose of Disbursement
see memos

Transaction ID : SB17.18514

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

262.82

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Radisson Hotels

Mailing Address 1150 Camp Hill Bypass

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2015

City	State	Zip Code
Camp Hill	PA	17011

Amount of Each Disbursement this Period

3339.37

Purpose of Disbursement
travel-lodgingCategory/
Type

Transaction ID : SB17.18514.0

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Sears Master Card

Mailing Address PO Box 183082

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2015

City	State	Zip Code
Columbus	OH	43218

Amount of Each Disbursement this Period

3339.37

Purpose of Disbursement
see memosCategory/
Type

Transaction ID : SB17.18552

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Disalvo's

Mailing Address 341 E 4th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2015

City	State	Zip Code
Williamsport	PA	17701

Amount of Each Disbursement this Period

2218.92

Purpose of Disbursement
Fundraising expense-cateringCategory/
Type

Transaction ID : SB17.18552.6

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3339.37

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Disalvo's

Mailing Address 341 E 4th Street

Date of Disbursement

M M	D D	Y Y Y Y
03	28	2015

City	State	Zip Code
Williamsport	PA	17701

Amount of Each Disbursement this Period

731.82

Purpose of Disbursement
fundraising expense-catering

Transaction ID : SB17.18552.7

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Springboard Media

Mailing Address 121 S 13th St

Date of Disbursement

M M	D D	Y Y Y Y
01	18	2015

City	State	Zip Code
Philadelphia	PA	19107

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Social Media Consulting

Transaction ID : SB17.18384

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Springboard Media

Mailing Address 121 S 13th St

Date of Disbursement

M M	D D	Y Y Y Y
03	07	2015

City	State	Zip Code
Philadelphia	PA	19107

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Social Media Consulting

Transaction ID : SB17.18510

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 4003

City	State	Zip Code
Acworth	GA	30101

Purpose of Disbursement
Cellular phone service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		18		2015

Amount of Each Disbursement this Period

56.58

Transaction ID : SB17.18385

B. Verizon

Mailing Address PO Box 4003

City	State	Zip Code
Acworth	GA	30101

Purpose of Disbursement
cellular phone service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2015

Amount of Each Disbursement this Period

139.61

Transaction ID : SB17.18428

C. Verizon

Mailing Address PO Box 4003

City	State	Zip Code
Acworth	GA	30101

Purpose of Disbursement
cellular phone service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2015

Amount of Each Disbursement this Period

139.66

Transaction ID : SB17.18544

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

335.85

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Elizabeth Vollman

Mailing Address 4530 State Route 184

City	State	Zip Code
Trout Run	PA	17771

Purpose of Disbursement
Administrative expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01	/	18	/	2015

Amount of Each Disbursement this Period

770.00

Transaction ID : SB17.18383

B. Widget Makr/Merchant Services

Mailing Address 7704 Leesburg Pike

City	State	Zip Code
Falls Church	VA	22043

Purpose of Disbursement
credit card processing fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	25	/	2015

Amount of Each Disbursement this Period

536.39

Transaction ID : SB17.18547

C. Widget Makr/Merchant Services

Mailing Address 7704 Leesburg Pike

City	State	Zip Code
Falls Church	VA	22043

Purpose of Disbursement
credit card processing fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	27	/	2015

Amount of Each Disbursement this Period

1.60

Transaction ID : SB17.18549

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1307.99

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 72

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Lycoming Council of Republican Women

Mailing Address 433 N. Market Street

City	State	Zip Code
Williamsport	PA	17701

Purpose of Disbursement
Non-federal contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.18417

B. Lycoming Council of Republican Women

Mailing Address 433 N. Market Street

City	State	Zip Code
Williamsport	PA	17701

Purpose of Disbursement
Non-federal contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2015

Amount of Each Disbursement this Period

15.00

Transaction ID : SB21.18565

c. Lycoming County Republican Committee - Non-Fed

Mailing Address 166 Pine Crest Road

City	State	Zip Code
Jersey Shore	PA	17740

Purpose of Disbursement
Non-federal contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.18437

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1515.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 72 OF 72

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MARINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Long Nyquist Consulting

Nature of Debt (Purpose):

Campaign Management Fee

Mailing Address 121 State Street

City State

Zip Code

Harrisburg

PA

17101

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.18662

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1000.00

2) **TOTALS** This Period (last page this line number only)

1000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1000.00